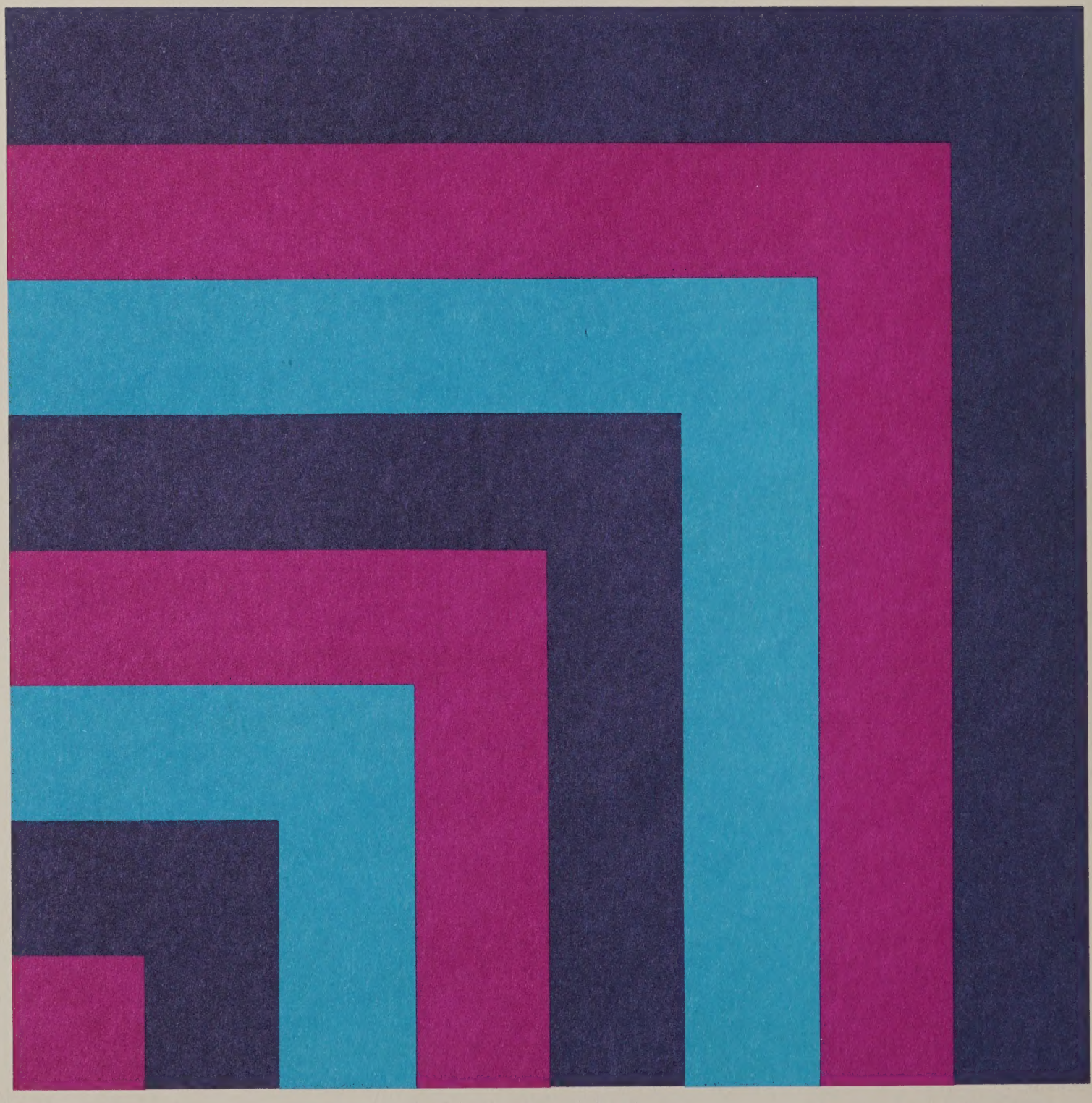
new england deaconess hospital annual report

1969



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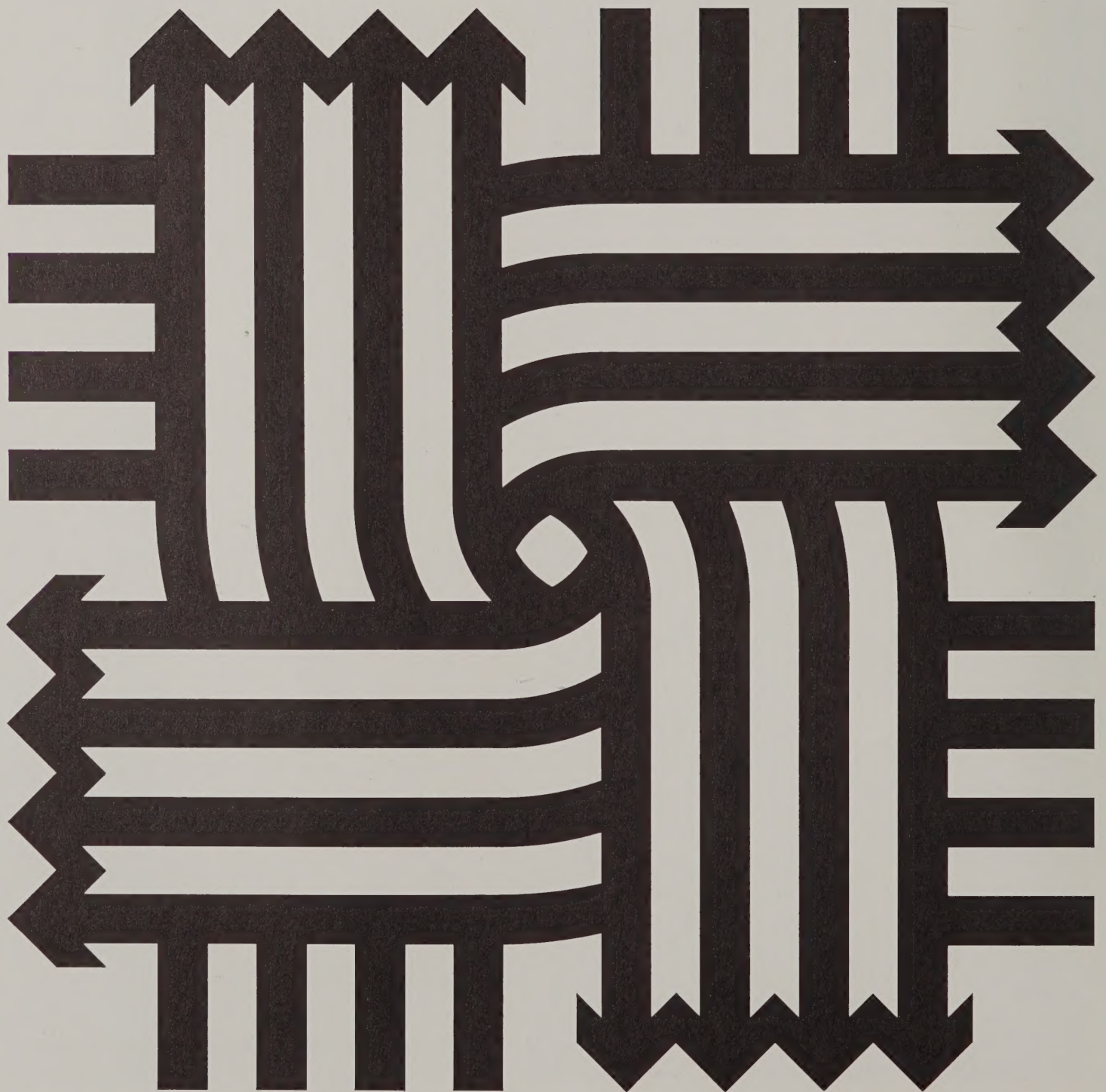

Report of the President

Laurens MacLure
President

Today our society and its institutions seem to be entering a social revolution comparable to the industrial revolution of the 19th century. Technologically, we have literally reached the moon; sociologically, we are still in the dark ages. The contrasts are now too great to be ignored and yet the problems too complex to be easily or quickly resolved.

In the field of medicine we have seen the virtual eradication of tuberculosis and polio, the successful development of organ transplants and, of course, the introduction of a long line of miracle drugs. On the other hand, the costs of medical and hospital services have been rising at a compound annual rate in excess of 8% at a time when wages and earnings have been increasing at 3% to 4% per year. Meanwhile, the distribution of medical and hospital services has not reached many who are in the greatest need—those who live in either the inner-city slums or those in depressed rural areas.

In 1968 over $58 billion was spent nationally on health services. New health facilities are being constructed at a $2 billion annual rate, while medical research programs total about $1.5 billion a year.

Meanwhile, with the advent of Medicare and Medicaid, over 80% of our population is covered by some form of health prepayment. In spite of this, many knowledgeable people are concerned about the state of our health-care system and are calling for changes—many of which have far reaching implications.

The health-care industry, like most major social institutions, obviously has many problems and is faced with many challenges. As a member of this industry, the Deaconess is inevitably involved.

To meet the sharply rising demand for hospital services, we are in the final phases of an expansion program designed to add approximately 100 new beds, bringing our in-patient facilities to 470 beds.

This addition to the Central Building will be completely closed in before winter and the interior will proceed to completion late in 1970.

Meanwhile, our Personnel Department is planning for the additional staff which will be required to service the larger patient load. We have retained industrial engineers to assist us in instituting more efficient procedures and we are in the process of installing a formalized salary administration program.

In an effort to avoid duplication of facilities and to solve mutual problems, we are working closely with Harvard Medical School and our neighboring hospitals on the development of adequate parking facilities in the area.

Likewise, in therapeutic radiology we are working with several nearby hospitals in the development of a plan for a joint radiation treatment facility which can be shared by the patients of all participating institutions. This facility will provide the latest and best in radiological knowledge and equipment in a most efficient, economical setting. When completed, it may well set the pattern for similar joint efforts both regionally and nationally.

Planning for the future continues to occupy a great deal of the time of both the Trustees and the Medical Staff of the Hospital. In this connection we have been talking to several architectural firms regarding a continuing arrangement for long-range facility planning. Here we have in mind the need in the immediate future for an extended care facility designed to reduce the total hospital bill to the patient and to relieve a portion of the demand on our acute care beds, thereby delaying for a few years the need for more acute care beds. We can probably arrange for 100 percent outside financing for this building. We are also faced with the need for new and larger housing for our house officers, nursing personnel and student nurses.

Over a year ago a committee comprised of several Trustees and a member of our Medical Staff was appointed to investigate whether or not the Deaconess should seek formal affiliation with a medical school in order to strengthen existing education programs and thus improve the overall quality of patient care. This committee made several reports to our Medical Staff which earlier this month voted to recommend affiliation with Harvard Medical School to our Trustees.

The operation of our Hospital grows more complex with each passing year. We live in an exciting yet rapidly changing social and economic environment. The time has long since past, however, when we can be either complacent or be all things to all people. We must re-examine our mission in the light of present circumstances and future trends. And, having done so, we must redefine our role to the extent necessary to meet the challenges which lie ahead.

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Report of the Executive Vice President

R. D. Lowry
Executive Vice President

Progress has its problems. Two factors made this past year one of the most difficult in the history of the Deaconess: the first factor was the construction going on overhead; the second, the problem of obtaining an adequate number of qualified personnel in some departments. In spite of these difficulties, the performance of hospital personnel was outstanding and, in our efforts to care for the maximum number of patients, we maintained the highest average occupancy in memory—93%.

The list of patients awaiting admission continued to lengthen and, because so many of those admitted were seriously ill, the average length of stay increased to 12 days.

In common with many other hospitals, we are seriously handicapped for space not only for patients, but also for almost all the supporting departments. Utilization of the Observation Unit has increased to the point where the unit is totally inadequate in size and must be expanded even though this means taking space from some other service. The number of new laboratory tests, the new types of X-ray examination, and the number of new procedures in many

other departments have increased far beyond expectation. Since all of these new procedures benefit the patient, additional space must be found.

The year was far more successful financially than we had anticipated, despite the pressures and problems we experienced. Our budget had been established on the basis of having to close 20 beds because of the construction. The strike of ironworkers enabled us to keep these beds open for a number of additional months and, while this worked to our financial advantage, it has put us considerably behind the scheduled completion date. The tentative timetable for opening the new floors has now been set as October, 1970. Six additional months will be required to complete renovations on the lower floors of the building and in Baker.

Our development program is now well organized. The results of the first annual appeal were gratifying and future appeals should be even more so as many individuals complete their capital fund pledges and begin to contribute to current support. New committees have been formed, and a number of new and enthusiastic workers have joined the Deaconess family.

It is vitally important that the limited land owned by the hospital be utilized to the utmost. With this in mind the Executive Committee of the Trustees voted to engage three architectural firms to make independent studies of our projected goals and our problems, and to recommend long-range plans for land utilization. These studies, which will also consider the problems of our neighbor and close associate, the Joslin Clinic, will be completed in January of 1970. Since we share so many problems with Joslin, there must continue to be close communication between our two organizations. In addition, hospitals in the area bounded by the Riverway, Park Drive, and Huntington Avenue have joined forces and engaged a consultant to study the flow of traffic and the parking needs of the entire area, to make recommendations for the location of necessary new facilities and to suggest priorities for their construction. This same group of hospitals is also, for the first time, in the process of developing a plan of the entire area showing not only all construction now planned, but also how it might appear if funds can be obtained for those future projects now considered desirable. For the Deaconess area, we know housing and additional parking are at the top of the list, followed closely by additional space for ancillary departments, an extended care facility, and additional ambulant and psychiatric beds. This study should give us guidelines to follow.

This coming year—and decade—presents many exciting challenges. In October we must be prepared to staff and operate 100 additional beds. To assist in obtaining an adequate number of competent personnel, our Personnel Department is being expanded and reinforced.

As we look ahead I believe it important to reiterate the need to give even more thoughtful consideration to the direction the New England Deaconess Hospital should take. The Medical Staff, Trustees, and Administration must now determine how the hospital can best make its contribution to health care; in this way, it can be prepared for the unexpected developments which will further tax financial and space resources. Such a definition of purpose will not be easy; our goals must be realistic and space limitations alone may force decisions that may not necessarily be accepted enthusiastically by every member of our large medical staff.

I speak for all members of Administration when I express our heartfelt thanks to all of our dedicated employees for their performance during this trying year, to our President, Mr. Laurens MacLure, for the hundreds of hours he has given, to the members of the Executive Committee and other Trustees for their guidance and support, to our Medical Staff for their excellent cooperation and many contributions, and to the Friends of the Deaconess for their outstanding performance.

Few hospitals are blessed with the close cooperation and teamwork we have at the Deaconess. With such an asset we can expect unprecedented progress during the next decade.

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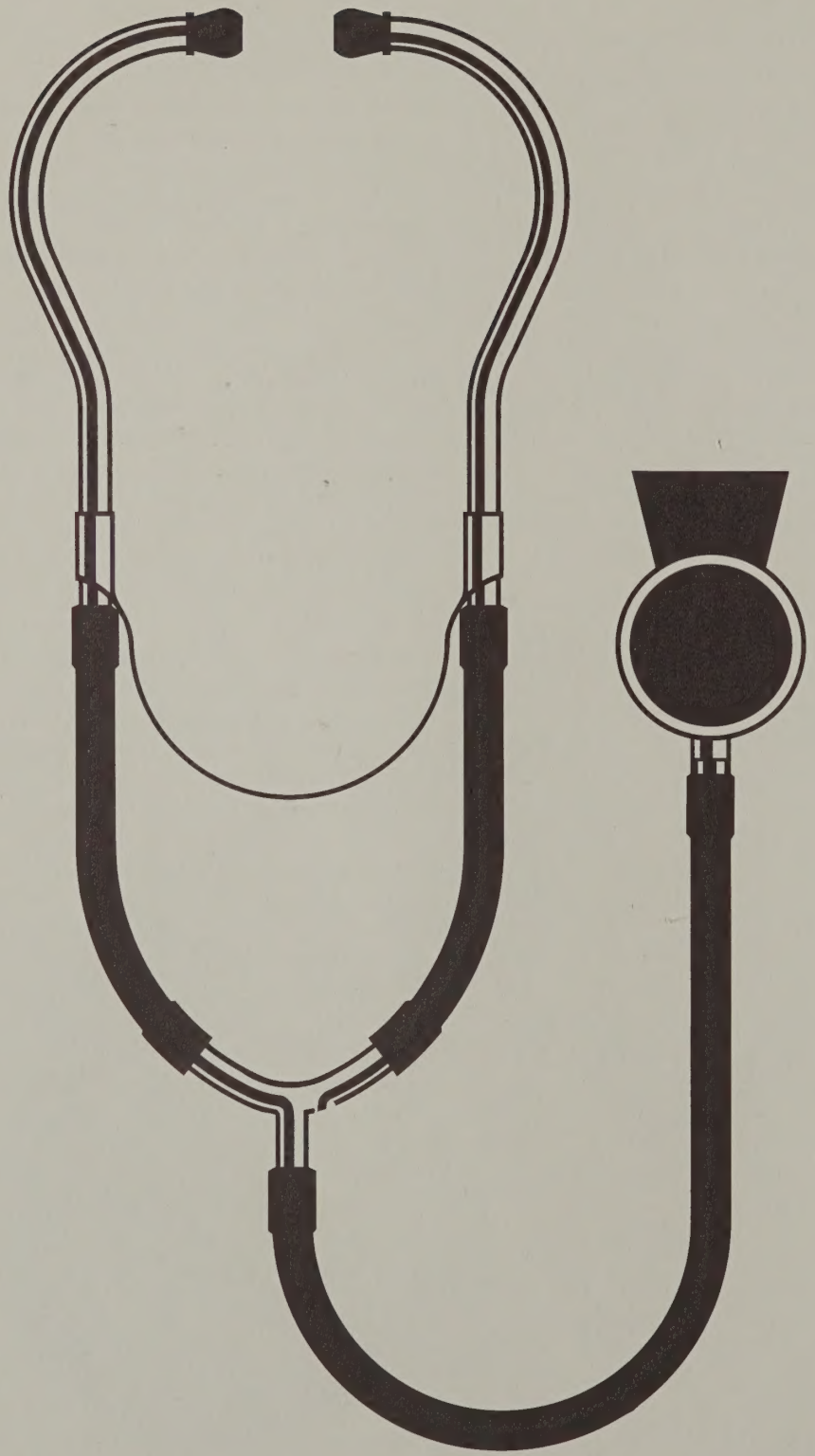

Report of the Department of Medicine

James L. Tullis, M.D.
Chairman

The fine reputation of the New England Deaconess Hospital rests on its traditionally high standards of patient care.

All innovations in medical practice, research and teaching are carefully evaluated in terms of their potential impact on the sick patient. They are introduced only if they can be shown clearly to bring succor to those who are suffering. There is an alarming trend in America to depersonalize many aspects of human life and to leave decision-making to such inanimate objects as computers. This makes it especially important for physicians to humanize their approach to patients. During sickness, more than at any other time, a person needs to be reminded that he is important as an individual and that someone cares for his recovery.

One of the most difficult lessons which a young doctor must learn is that medicine cannot be practiced statistically.

Despite the ease with which data can be grouped for purposes of public health and geopolitics, each individual reacts in his own refreshingly different way to stress, bacteria, viruses or just plain age. Thus, it is of no value to administer a drug which is effective 90% of the time if the patient under treatment is unfortunate enough to be one of the 10% who

do not respond.

An important advance of the present decade is the "team" approach to patient care. Nurses, social workers, residents, staff physicians, consultants, technicians and dieticians all bring their talents to bear on each patient in such a manner that specialized knowledge is focused on a particular problem. Here again, however, the final effect is to depersonalize the patient, at least in part. It is only through careful strengthening and redefining of the role of the primary physician as the single person who is integrating and directing these multidisciplinary forces that we can be sure that patient care will continue to excel at the Deaconess.

The Emergency Unit and overnight Observation Ward are fulfilling an increasing role in the hospital's relationship to the community around it. Although the hospital will continue to make its principle contribution in the care of referral patients from outside of Boston, it is neither possible nor proper in this era to remain wholly apart from the community itself. The Observation Unit makes possible the emergency care of patients known to our staff and also the triage of local patients who arrive unannounced.

This has greatly increased the number and complexity of acute problems which are faced especially during nighttime and weekend hours. The speed with which the house staff is able to mobilize the necessary resources to face such crises is a constant reassurance to the senior physicians. On one occasion this year a student from a nearby school was brought to the Observation Unit with a bizarre infectious coma, and just 60 minutes elapsed from the moment of arrival until the diagnostic studies were completed and definitive treatment undertaken. Such an integrated attack by a health team would have been wholly impossible just a few years ago.

The medical staff participated in three levels of on-going education during the past year. They have done this from a deep devotion to the highest ideals of medicine. Their time for teaching must be fitted into an already rigorous schedule and is largely unremunerated except for the satisfaction that comes from helping others. A formal post-doctoral program in continuing education was begun this year at the Monadnock Community Hospital in Peterboro, New Hampshire. Grand Rounds were sponsored by the senior staff of the Deaconess and physicians and surgeons from throughout the Boston area conducted bedside rounds and consultative teaching there each week.

This type of satellite relationship serves continually to strengthen the role of the Deaconess in patient care and simultaneously to permit participation in the increasingly important field of on-going education for practicing physicians on our staff as well as those in other hospitals. The two programs of Medical Residency and Medical Internship now provide an integrated four years of certified training in the specialty of Internal Medicine. The residency program was modified this year to permit an occasional candidate also to obtain certified training in Family Practice. This was instituted in collaboration with the Children's Medical Center and Harvard School of Public Health. A young doctor, on completion of such a program, will be eligible for certification both as an Internist and as a primary physician knowledgeable about the health problems of the family as a unit. It is a credit to the devotion and skill of the Deaconess staff that the house staff training programs are heavily subscribed, and bring to the hospital a skilled type of alert young doctor eager to study with us and often to seek membership later on our senior staff. In a period when there are more than 12,000 unfilled residency appointments available in American hospitals, the Deaconess has been able to build up a program which is actively sought by applicants from all parts of the country. What can we do to ensure a continuation of this strength and, more importantly, a maintenance of the loyalty and esprit de corps which these young doctors now manifest? They are proud of their opportunity to work at the Deaconess and they actively recruit their own replacements. They do this because they recognize here the intangible dedication to the finest traditions of patient care which attracted them to medical careers in the first place. They do it also because they recognize at the Deaconess a flexibility and a friendliness which readily accepts them as an important part of the team necessary for good patient care.

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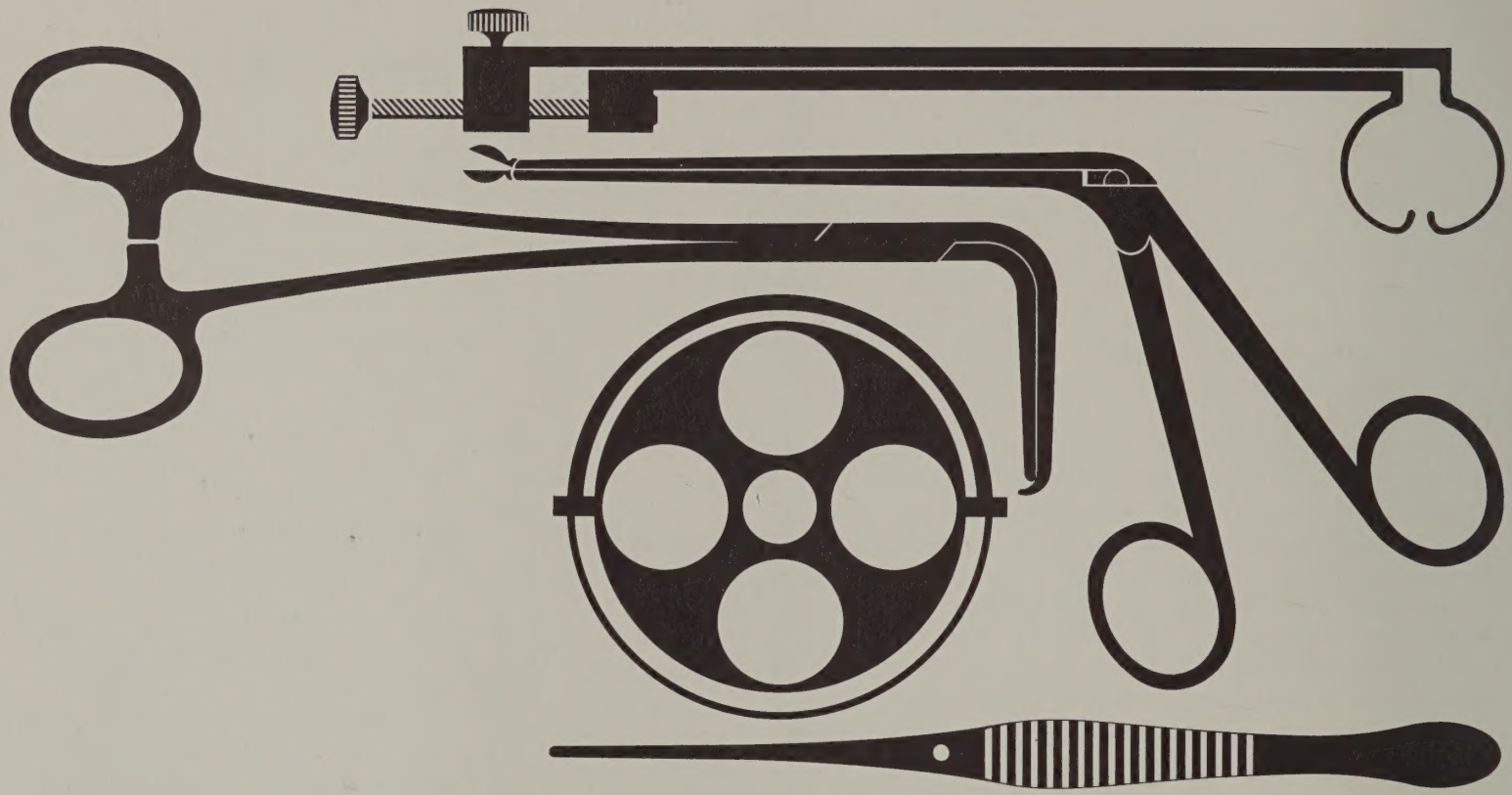

Report of the Department of Surgery

Cornelius E. Sedgwick, M.D.
Chairman

The past year has been one of continuing progress for the Department of Surgery. Maintaining excellence of patient care has been our primary goal, followed by greater involvement in medical education and clinical research.

During the year, 2,470 minor operations and 2,419 major operations have been performed. An unusually large proportion of major operations at the Deaconess Hospital are complicated general surgical, thoracic, cardiovascular, neurological, and urological procedures. Each procedure requires an operating team of eight to ten highly specialized and qualified personnel plus a room full of sophisticated electronic monitoring devices. In open-heart cases additional personnel and equipment are used. Immediately following the operative procedure the patient is taken to the recovery room to be carefully watched and monitored for 24 hours before being returned to his hospital bed. The recovery room, like the operating room, is staffed by highly trained personnel including surgical nurses and members of the anesthesia staff and respiratory therapy unit. The New England Deaconess Hospital continues to provide the best in personnel and equipment for our seriously ill surgical patients.

Not only does the Deaconess provide highly skilled personnel for the operating and recovery rooms, but develops highly competent surgical technicians and respiratory therapists through its training programs. To date fifty-two persons have been trained as qualified surgical technicians in the one-year course for surgical technicians under the direction of Miss Margaret Burns. Respiratory therapists have been trained by Dr. Joseph Crehan. These trained individuals are sought after by many hospitals. Again, the New England Deaconess Hospital is fulfilling its aims and obligations in medical education for the benefit not only of the Deaconess

itself, but others in the medical community as well.

Our interest in medical education continues at the medical student, resident and staff level. Last year 36 students from Harvard Medical School were introduced to clinical surgery at the New England Deaconess Hospital.

These students came from the second, third and fourth year classes. Members of the Surgical Staff, who have freely given their time to this program, are to be commended. Our surgical residents rotate to us from the Fifth (Harvard) Surgical Service of Boston City Hospital and continue to be of high caliber. Our Cardio-thoracic Residency Program is growing. Our Surgical Staff meetings, Surgical Grand Rounds, Surgical Service meetings, and Tumor Conferences continue to offer educational opportunities for both Staff and House Staff.

Primarily a hospital for private patients, the New England Deaconess Hospital in the past four years has come a long way towards becoming a *teaching* hospital in the full sense of the word. The character of the Deaconess is changing and, I feel, for the best. As we make our daily visits on the floors, we see interns and residents examining our patients and, as their skills develop, helping with diagnosis and management. We see medical students learning the art of history taking and physical diagnosis.

This is a great experience for both student and teacher. However, since our primary objective is excellence of patient care, we must constantly protect this objective. Perhaps next year should be one of evaluating our position as a teaching hospital relative to the patient.

Excellent patient care and excellent teaching will remain compatible only with the utmost discretion and wisdom of the teacher and when insisted upon by the staff.

To do this, the Deaconess is fortunate to have a large, interested and dedicated group of Trustees, Medical Staff and Employees. Thus I firmly believe the Deaconess can and will maintain its enviable reputation as a specialty hospital providing patient care of the highest quality.

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Report of the Department of Radiology

Mirle A. Kellett, M.D.
Chairman

Despite the fact that there has been a slight decrease in the number of beds due to construction and the closing of two floors in August, the fiscal year 1969 will end with the same volume of work as the previous year.

Several of the plans and aspirations discussed in former reports have been achieved. Dr. Melvin Clouse joined our staff in July. He has had special training in the field of angiography, i.e.; the opacification of blood vessels with contrast media. This is the most rapidly expanding subspecialty in the field of radiology. The last bastion has been toppled and there is now no organ or system that cannot be studied radiographically.

Our second improvement has been initiated in our office procedure. We have been inundated by the paper work essential to the practice of radiology.

As part of a long range plan an automated card file has been installed which makes filing more rapid and more accurate. Within a month we plan to convert to a color coded filing system for x-ray films. The problem of misfiled films should then be eliminated because the colors will only line up properly if the films are in their correct location. An adjunct to this will be a pocket on the side of the envelope in which to file the reports; thus two complete steps will be eliminated. The ultimate in speed and accuracy will be achieved only when computers are readily available for medical purposes. A programmed report can then be made by the radiologist with immediate print-out at the proper nursing station for insertion into the patient's chart.

The expansion of the teaching program continues to present some problems.

The old Chinese proverb "One picture is worth a thousand words," certainly pertains to radiology. In its learning process the house staff must have films readily available. At present this may necessitate filing and refiling one set of films several times per day. When our work load exceeds 100 cases per day this will be a formidable chore. We are investigating the use of high capacity viewing devices in which all films can be mounted and left for the entire day.

Thus they will be instantly available to the house staff and the visiting staff. Another visual aid, of value to the teaching program, will be the installation of a video tape recorder on our present fluoroscopic intensifier tubes. This will allow us to record a transient event for instant replay and closer study. The tapes will also be made available to the house staff. Devices of this type are changing radiology from a study of static gross anatomy to a dynamic one of physiology and motion.

Our Department of Diagnostic Radiology has been able to operate adequately during this time of upheaval created by expansion and progress. We appreciate the cooperation of all involved in hospital administration who have responded to all reasonable requests.

We are well equipped and well staffed and, as a result, continue to serve the needs of the patients in the New England Deaconess Hospital.

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Report of the Joint Center for Radiation Therapy

Samuel Hellman, M.D.
Chairman

On September 9, 1968, the Joint Center for Radiation Therapy became responsible for radiotherapeutic care at the New England Deaconess Hospital.

This unit functioned as a part of the Joint Center for Radiation Therapy, a collaborative venture of four member hospitals (the Beth Israel Hospital, Boston Hospital for Women, New England Deaconess Hospital, and Peter Bent Brigham Hospital). During the year September 9, 1968 through September 9, 1969, 683 treatment courses were administered as compared to 333 in the preceding year.

The Joint Center for Radiation Therapy saw 1,330 new patients during that time, 466 of which were seen at the New England Deaconess Hospital unit. The staff of the Joint Center for Radiation Therapy began with five physicians with Dr. Gustavo Montana of the New England Deaconess Hospital having primary clinical responsibility.

This increased to eight radiotherapists by July 1, 1969 including Drs. Abraham Marck and Stanley Order whose primary responsibility is the New England Deaconess Hospital. The physics section has also enlarged and now includes its director, Dr. Bengt Bjarngard, two staff physicists and three physics technicians.

Participation in clinical conferences has increased during this year. New patient conferences are held on Tuesdays and Fridays from 8 to 9 a.m. with the Friday conference occuring at the New England Deaconess Hospital. This conference is attended by 10 to 15 medical and paramedical personnel. In addition, radiation therapy is represented at the weekly Thursday tumor rounds at noon.

A cell and radiation biology research conference on Wednesday afternoon is held in the Shields Warren Radiation Laboratory and has been well attended by interested people throughout the city.

We were fortunate for the spring semester of 1969 to have Dr. Herman D. Suit as the first Alvan T. and Viola D. Fuller-American Cancer Society Visiting Professor of Radiation Therapy.

He became an active participant in the education processes of the Joint Center for Radiation Therapy and offered a postgraduate course in mammalian radiation biology taken by 70 people in the Boston medical community. This course was held in the Shields Warren Radiation Laboratory.

Undergraduate and medical school teaching at Harvard Medical School included the new "Growth Block of Human Biology II" for first year students.

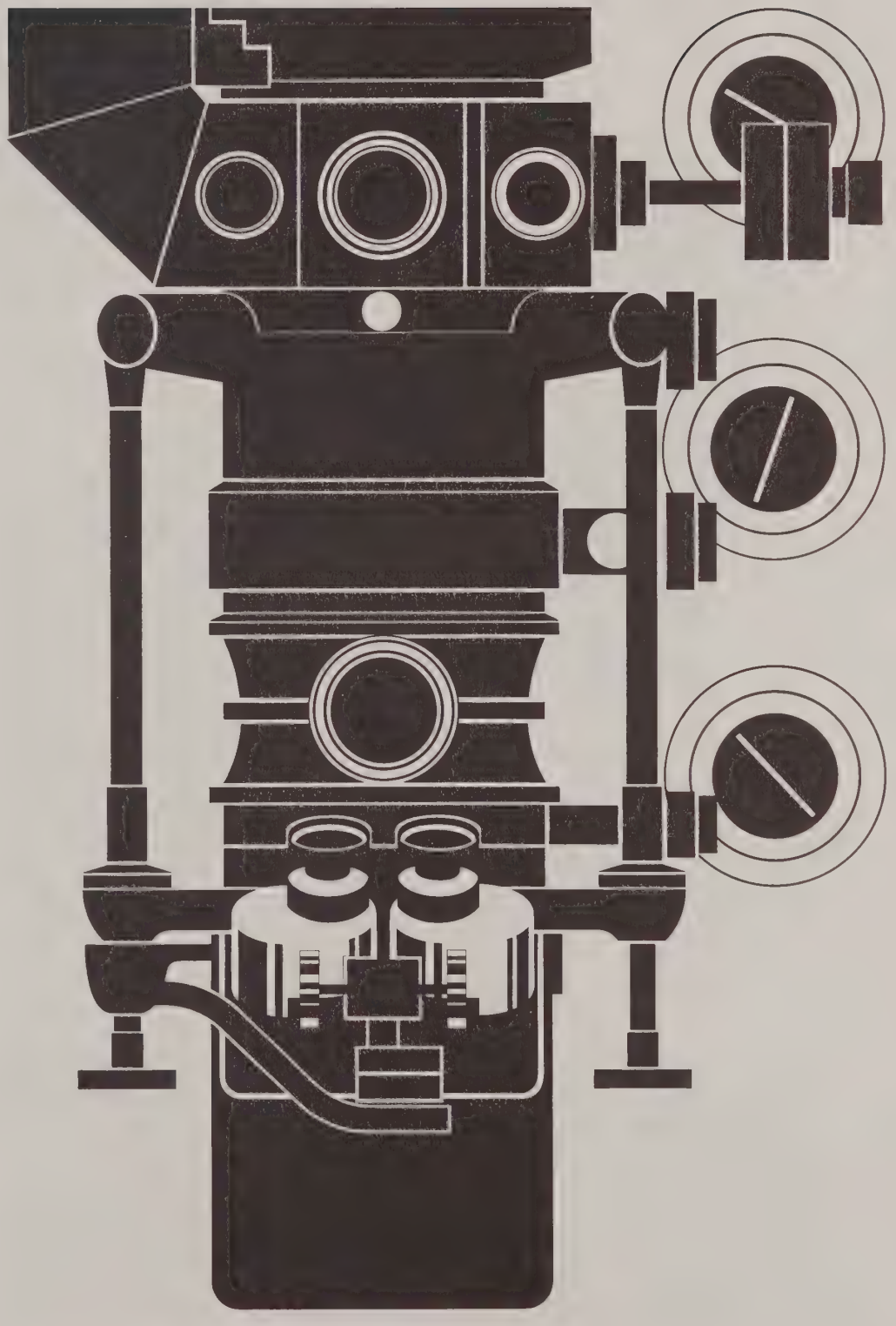
This 51-hour course devoted to both normal and abnormal growth required active participation by our group including four hours of radiation biology, one hour of genetics, and one hour of cell kinetics; all taught by members of this section.

Research projects of the Joint Center are being carried on in the Shields Warren Radiation Laboratories. These

fall into two general categories: those of Dr. James Belli concerned with the repair of radiation damage using mammalian cells in culture, and the study of the biology and kinetics of hematopoietic stem cells by Drs. Samuel Hellman and John Chaffey. By February of 1969, Dr. Belli's laboratory was established and the first experiments begun. These experiments have revealed that potentially lethal damage in mammalian cells is segregated into daughter cells and can be repaired if the proper conditions are applied. A summary of these results was presented before the Radiation Research Society in Cincinnati in 1969.

Results of the studies done by Drs. Hellman and Chaffey indicate that radiation affects the pattern of hematopoietic stem cell differentiation as well as survival. These findings were published in the August, 1969 issue of *Blood*. A second study in this laboratory concerns the influence of fractionation of radiation on the proliferation of hematopoietic stem cells. These data indicate that fraction size and the order of radiation fractions influence survival. Some of these results were presented at the meeting of the Radiological Society of North America in December of 1968 and were published in the November, 1969 issue of *Radiology*. Additional data on this point and its clinical implications were presented at the Association of University Radiologists meeting in San Francisco in May, 1969.

The third and exciting area of investigation has indicated that hematopoietic stem cells migrate to the thymus following radiation depopulation of the thymus. These cells then differentiate, losing their hematopoietic potential as they serve to repopulate the thymus.



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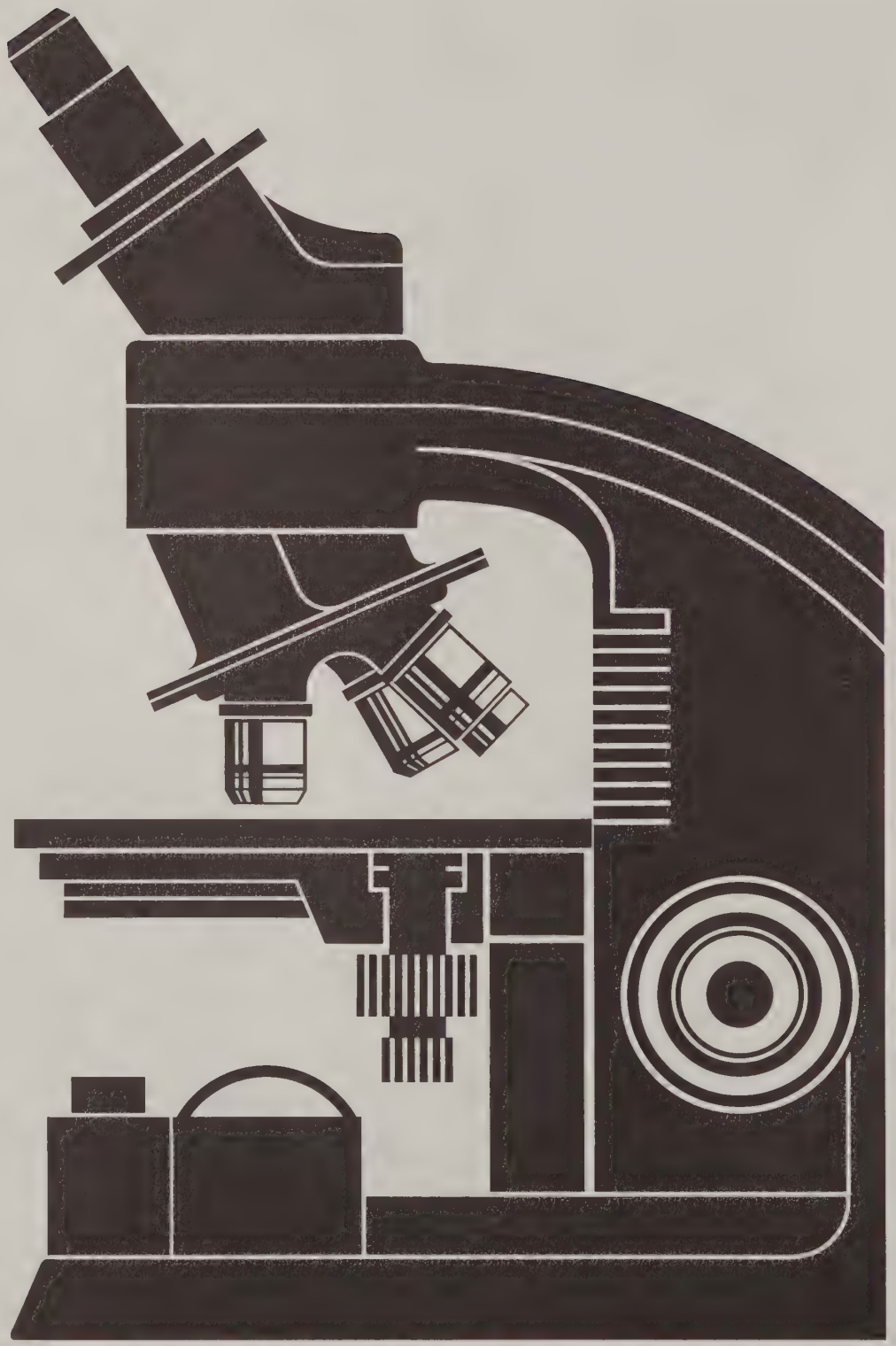

Report of the Department of Pathology

William A. Meissner, M.D.
Chairman

The primary purpose of the pathology laboratories is the provision of laboratory diagnostic aid and laboratory therapeutic control of whatever sort needed whenever it is needed. To do so requires a veritable army of technicians, technologists, secretaries and aides.

The dedication and hard work of each of these individuals is the basis on which good laboratory medicine depends.

The necessary teamwork may involve only two persons or may, as with the autopsy, include pathologists, resident pathologists, dieners, histology technologists, bacteriology technologists, often chemistry technologists and secretaries adding up to many man hours of work.

The year 1969 marked the approval of our pathology laboratories by the federal government for analysis of all specimens sent in interstate commerce. Our laboratory thus became one of the first in Massachusetts to be approved under the new federal legislation.

The frozen blood program has continued to expand. A supply of 200 pints of frozen blood cells of unusual types is now on hand to protect our patients.

This blood can be saved in the frozen state for at least ten years. This new technique also makes it possible for a patient to deposit his own blood several months ahead of planned surgery.

If blood is needed during the operation, the patient then receives his own red cells. Active cooperation with the Blood Research Institute has made this program successful and we are looking forward to expanded usage during the coming year.

Another interesting development designed to give our patients the best protection regarding blood transfusions is the screening of each pint of blood for chemical abnormalities which might indicate disease in the blood donor.

We have continued in three ways to evaluate the use of computers in the laboratory: first, by personal visitation to laboratories using computers; second, by personal communication with individuals using computers; and third, by attendance and performance at meetings and workshops devoted to the use of computers. Approximately twenty new computer systems have been reviewed during the past year.

Ten new tests have been added in various departments. These tests assist in the diagnosis of new disease entities, such as the test for pyruvate kinase; they assist in the clearer identification of previously known diseases, such as lipo protein electrophoresis in the study of coronary atherosclerosis; and finally they may elucidate new aspects of infectious diseases, such as the identification of the new subspecies of mycobacteria now essential to the proper selection of treatment for tuberculosis.

Our laboratories constantly investigate new methods and new instruments. In many instances our findings are of assistance to other laboratories which look to us for guidance in the selection of equipment and methods.

The educational efforts of our department continue to include medical students, interns, resident physicians, students of medical technology and cytotechnology students. In addition, periodic parasitology workshops are held for physicians and medical technologists who work in Massachusetts hospitals.

The number of laboratory test units was again increased for 1969. We anticipate considerable growth in laboratory utilization in each ensuing year. Plans are already under way for handling the increased workload resulting from the expansion of hospital facilities in 1971.

Quality control programs are active in each of our laboratories. The national pathology societies use these laboratories as reference for several national quality control programs. We also continue to serve as a referee laboratory for the National Communicable Disease Center, which is responsible for the interstate laboratory licensure.

the complex

8

New England Deaconess Complex

The Medical Office Building at One Ten Francis Street, now completing six years of operation, is known nationally and internationally for the completeness of its services and facilities. Its offices are fully occupied with almost every facet of medicine represented. Here the patient will find complete diagnostic services including laboratory and X-ray facilities, leading medical, surgical and dental specialists and living accommodations if a stay of several days is required.

The Joslin Clinic Division of Joslin Diabetes Foundation, Inc. which is headed by Dr. Robert F. Bradley, continues to maintain its high standard of excellence in the treatment of diabetes and its varied complications. Its services for outpatients are integrated with those for forty ambulatory inpatients cared for in the Hospital Teaching Unit of the Deaconess Hospital on the second floor of the Joslin Diabetes Foundation building. The Elliott P. Joslin Research Laboratory, under the direction of Dr. George F. Cahill, Jr., is located on the third and fourth floors of the Foundation, whose president is Dr. Alexander Marble.

The Lahey Clinic, founded by Dr. Frank H. Lahey in 1923 and now a division of the Lahey Clinic Foundation, is one of the country's oldest and most renowned diagnostic facilities. A staff of 98 senior physicians and surgeons, 65 resident physicians and over 100 nurses and technicians provides departments of specialists in 16 different areas of medicine. The institution has long maintained a close working relationship with the Deaconess for hospital, surgical and laboratory service as well as resident training.

Surgery of the lung, esophagus, heart and great vessels continues to advance in the field of medicine, and the Overholt Thoracic Clinic maintains its place among the leaders. Doctors trained at the Clinic are scattered all over the world from the University of Cordoba in the Argentine to the University of Saigon. They are fully engaged in this specialty, doing research and teaching as well as surgery.

The Cancer Research Institute strengthens the Hospital by providing added new understanding of how the cells of man and laboratory animals vary in function and structure between healthy and cancerous states and how these variations may be used in diagnosis or treatment.

The Institute Staff holds a number of academic appointments, chiefly at Harvard Medical School, with ties with Boston University and Tufts as well. Students have received specialized training in biochemistry and radiobiology.

The objective of the Shields Warren Radiation Laboratory is to promote the study of the effects of ionizing radiations in relation to the treatment of cancer.

During the past year utilization of this newest building in the Deaconess complex accelerated rapidly. The major groups of investigators fall under the headings of experimental diagnosis, therapy, biology and nuclear medicine as well as microbiology, endocrinology and electron microscopy.

The staff includes 45 full-time and 30 part-time personnel. All professional staff members hold faculty appointments at the Harvard Medical School including 6 tenure appointments at the rank of associate professor or professor. The annual research-grant budget stands at above $300,000 and is expected to increase during the coming year.

Report of the
Friends of Deaconess

Mrs. Lauriston Ward, Jr.
President

The Friends of the New England Deaconess Hospital are proud to announce that in May of this year our pledge of $250,000 to the Development Fund was successfully fulfilled. The success of this project results from the sustained efforts and generosity of our members above and beyond participation in our continuing projects.

At the end of the fiscal year membership of the Friends stood at 492, with 86 sustaining and 60 life members. Mrs. William A. Meissner, membership chairman, plans significant growth in the coming year.

Mrs. Irma A. Kellner, Director of Volunteers, reports many hours given to projects involving the Friends. Six members have contributed over 1000 hours each. Summer brought forth devoted student volunteers, both boys and girls, some donating their services as often as five times a week.

Our volunteer shops continue to serve effectively and profitably, although with fewer workers. The ladies in Diversional Therapy continued their unheralded but constant work among patients. Our three co-chairmen, Mrs. C. Cabell Bailey, Mrs. George Dempsey and Mrs. Basil C. Gray, announced several new volunteers.

The Coffee Shop chairman, Mrs. Theodore C. Pratt, reports that in spite of rising food costs and salary difficulties, $20,087.31 was earned. $3,050 was given to the Nursing School from the Coffee Shop for the annual nursing scholarship.

The Gift Shop, under the supervision of our Gift Shop board and the management of Mrs. Mercedes Volex, contributed $1,000 this year toward the scholarship fund retaining $3,000 for the new gift shop. Mrs. Jackson Norris, Flower Shop chairman, reports a profit of $825.62.

Despite the move of the Thrift Shop to the basement of the laundry building, Mrs. George I. Rohrbough and her group report sales totaling $13,656.48. The experiment of remaining open three days weekly during the summer proved successful and will be continued.

Other projects of the Friends also benefit the Deaconess School of Nursing. The annual Christmas Bazaar, chaired by Mrs. Richard Paige, brought in $2,577.47. The "Deaconess Night at the Pops" was held on May 2, with Mrs. Elton Watkins, Jr. reporting a total income of $1,585.50.

Finally, Mrs. Sheldon E. Wardwell has continued her efforts to obtain contributions from the Woman's Society of Christian Service of the Methodist Churches of New England. Her diligence is responsible for gifts totaling $803.50.

We have been gratified by the many expressions of appreciation from Miss Ellen Howland, Director of the school, and from the student nurses themselves. In all, $7,530.50 was contributed to the School of Nursing Scholarship Fund from the various projects of the Friends of Deaconess.

Seven Board meetings were held during the year. In the fall a special coffee hour welcomed nurses and hospital staff wives. The Christmas "Open House" of cider and cookies was rewarding. The Spring Luncheon took place at the Wellesley Country Club with Mr. Lowry speaking. Mrs. Shields Warren again hostessed the annual Picnic.

Mrs. Harold Ockenga, wife of the eminent minister and lecturer who is now president of Gordon College, discussed one of her recent global trips, "Hedgehopping Around the World — Spain to Vietnam" at the Annual Meeting on October 21. Tea was served in Harris Hall under the supervision of Mrs. George Dempsey and Miss Vera Russell.

The Friends are already at work on a new challenge. With the encouragement of the administration, an enlarged and refurbished gift shop will be opened in the spring in the space now occupied by the Pharmacy store. It should provide an attractive shopping center for staff, personnel, guests of patients, Friends and the neighboring community.

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New England Deaconess Hospital Balance Sheet

SEPTEMBER 28, 1969
AND SEPTEMBER 29, 1968

Assets

10

	1969	1968
GENERAL FUND:		
Cash	$ 262,586	$ 363,848
Temporary cash investments	1,103,101	925,487
Accounts receivable (less allowance for uncollectible accounts: 1969, $396,723; 1968, $456,117)	1,537,718	1,334,215
Inventories of supplies—at cost	249,913	234,170
Prepaid expenses	31,342	47,344
Total	3,184,660	2,905,064
SPECIAL PURPOSE FUNDS:		
Cash	304,262	70,673
Investments—at cost (market value: 1969, $299,000; 1968, $1,750,000)	300,594	1,751,039
Grants receivable	381,421	334,132
Total	986,277	2,155,844
ENDOWMENT FUNDS:		
Cash	197,545	111,254
Investments—at cost or contributed value (market value: 1969, $2,228,000; 1968, $2,419,000)	1,743,278	1,557,190
Real estate, equipment, and furnishings—at cost, less accumulated depreciation: 1969, $734,186; 1968, $616,007 (Note 1)	4,907,376	5,020,796
Due from General Fund		157,824
Total	6,848,199	6,847,064
BUILDING AND EQUIPMENT FUNDS:		
Cash	90,854	244,561
Investments—at cost or contributed value (market value: 1969, $2,960,000; 1968, $3,613,000)	2,906,729	3,611,862
Grant receivable	40,818	40,818
Construction in progress (Note 1)	4,828,629	1,328,808
Land, buildings, and equipment—at cost, less accumulated depreciation: 1969, $6,900,674; 1968, $6,376,941 (Note 1)	7,651,275	7,667,205
Total	15,518,305	12,893,254
TOTAL ASSETS	$26,537,441	$24,801,226

Liabilities and Fund Balances

	1969	1968
GENERAL FUND:		
Accounts payable, withheld taxes, and accrued expenses	$ 1,260,279	$ 1,037,255
Deferred income	343,893	264,203
Mortgage note instalments due within one year	161,332	148,445
Total	1,765,504	1,449,903
Due to Endowment Funds		157,824
Fund balance	1,419,156	1,297,337
Total	3,184,660	2,905,064
SPECIAL PURPOSE FUNDS:		
Accumulated gifts, bequests, and reserves for special purposes	664,553	1,827,630
Unexpended research grants	321,724	328,214
Total	986,277	2,155,844
ENDOWMENT FUNDS:		
Mortgage notes payable—instalments due after one year (Note 1)	3,051,946	3,134,152
Fund balances	3,796,253	3,712,912
Total	6,848,199	6,847,064
BUILDING AND EQUIPMENT FUNDS (Note 1):		
Accounts payable	773,915	218,799
Mortgage note payable—instalments due after one year	705,169	784,294
Fund balances:		
Held for improvement and expansion	2,264,486	3,678,442
Invested in land, buildings, and equipment	11,774,735	8,211,719
Total	15,518,305	12,893,254
TOTAL LIABILITIES AND FUND BALANCES	$26,537,441	$24,801,226

See notes to financial statements.

Statement of General Fund Income

FOR THE FISCAL YEARS ENDED SEPTEMBER 28, 1969 AND SEPTEMBER 29, 1968

	1969	1968
PATIENT SERVICE REVENUES	$13,698,418	$12,515,653
LESS—Free care, provision for uncollectible accounts, contractual adjustments, etc.	539,312	699,147
OPERATING INCOME	13,159,106	11,816,506
OPERATING EXPENSES:		
Professional care of patients:		
General	4,028,077	3,555,529
Special	4,515,618	3,940,542
Household and property	2,024,188	2,013,921
General services and administration	1,507,440	1,356,512
Employee benefits	726,774	586,393
Depreciation (straight-line basis)	523,733	506,253
Total operating expenses	13,325,830	11,959,150
LOSS FROM OPERATIONS	166,724	142,644
INTEREST EXPENSE	32,538	36,489
LOSS BEFORE NON-OPERATING INCOME	199,262	179,133
NON-OPERATING INCOME:		
From endowment funds	140,684	173,769
Donations and other distributions (net of development expense)	94,682	103,677
From temporary investments, etc.	119,638	103,235
Total non-operating income	355,004	380,681
NET INCOME—Transferred to General Fund Balance	$ 155,742	$ 201,548

NOTES TO FINANCIAL STATEMENTS

1. MORTGAGE NOTES PAYABLE AND CENTRAL BUILDING ADDITION

The mortgage notes payable by the Hospital are due in instalments which (1) as to the two endowment funds notes aggregate $244,832 annually, including interest, to February 1991 and (2) as to the building and equipment funds note aggregate $109,320 annually, including interest, to February 1978. The Hospital's land and buildings, with the exception of research buildings and certain staff residences, are assigned under these mortgages.

At September 28, 1969 construction in progress includes $4,204,400 for the addition to the Hospital's central building. Further construction commitments for this addition aggregated approximately $4,500,000 at that date. To provide additional funds for this construction, the Hospital has entered into a mortgage loan commitment under the terms of which two of the existing mortgage notes payable (aggregating $1,154,416 at September 28, 1969) are expected to be refinanced by February 1971 through a new mortgage note in the aggregate amount of $3,632,000.

2. EMPLOYEES' RETIREMENT PLAN

The Hospital's contributory retirement plan covers substantially all employees who have reached age 30. The Hospital provides amounts necessary to cover its current costs and to amortize the prior service cost in full by October 1, 1979, the twentieth anniversary of the plan. The provision for the year ended September 28, 1969 was approximately $154,000, of which $43,000 remained accrued at that date.

3. RECLASSIFICATION OF PRIOR YEAR'S AMOUNTS

For purposes of comparison certain prior year's amounts in the balance sheet reflect reclassification of amounts previously reported.

Summary of Changes in Fund Balances

FOR THE FISCAL YEAR ENDED SEPTEMBER 28, 1969

	General Fund	*Special Purpose Funds*	*Endowment Funds*	*Building and Equipment Funds*	
				Unexpended	*Invested*
BALANCE AT BEGINNING OF YEAR	$1,297,337	$2,155,844	$3,712,912	$3,678,442	$8,211,719
INCREASES:					
Legacies, gifts, etc.	99,588	101,325	14,394	12,618	
Central Building Fund receipts				458,016	
Grants for specified purposes		792,507			
Net gain on sale of investments			68,947	315	
Investment income		15,107		274,083	
Net income for the year	155,742				
Other		27,726		37,619	
Total	1,552,667	3,092,509	3,796,253	4,461,093	8,211,719
EXPENDITURES		(861,531)		(11,803)	
INTERFUND TRANSFERS:					
Legacies restricted for special purposes	(99,588)	99,588			
Investment in buildings and equipment	(477,245)	(1,424,700)		(2,184,804)	4,086,749
Depreciation provided	523,733				(523,733)
Other	(80,411)	80,411			
BALANCE AT END OF YEAR	$1,419,156	$ 986,277	$3,796,253	$2,264,486	$11,774,735

ACCOUNTANTS' OPINION

Executive Committee of
New England Deaconess Hospital:

We have examined the balance sheet of New England Deaconess Hospital as of September 28, 1969 and the related statement of general fund income and summary of changes in fund balances for the fiscal year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statements present fairly the financial position of New England Deaconess Hospital at September 28, 1969 and the results of its operations for the fiscal year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Haskins + Sells

Boston, Massachusetts
November 12, 1969

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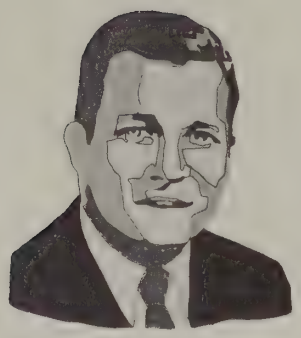

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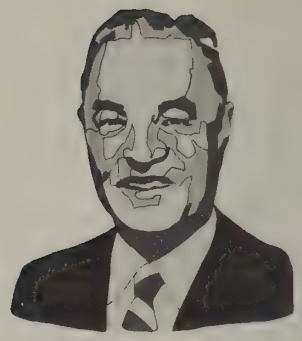

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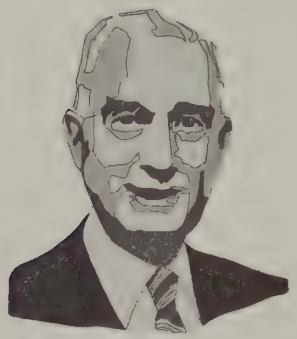

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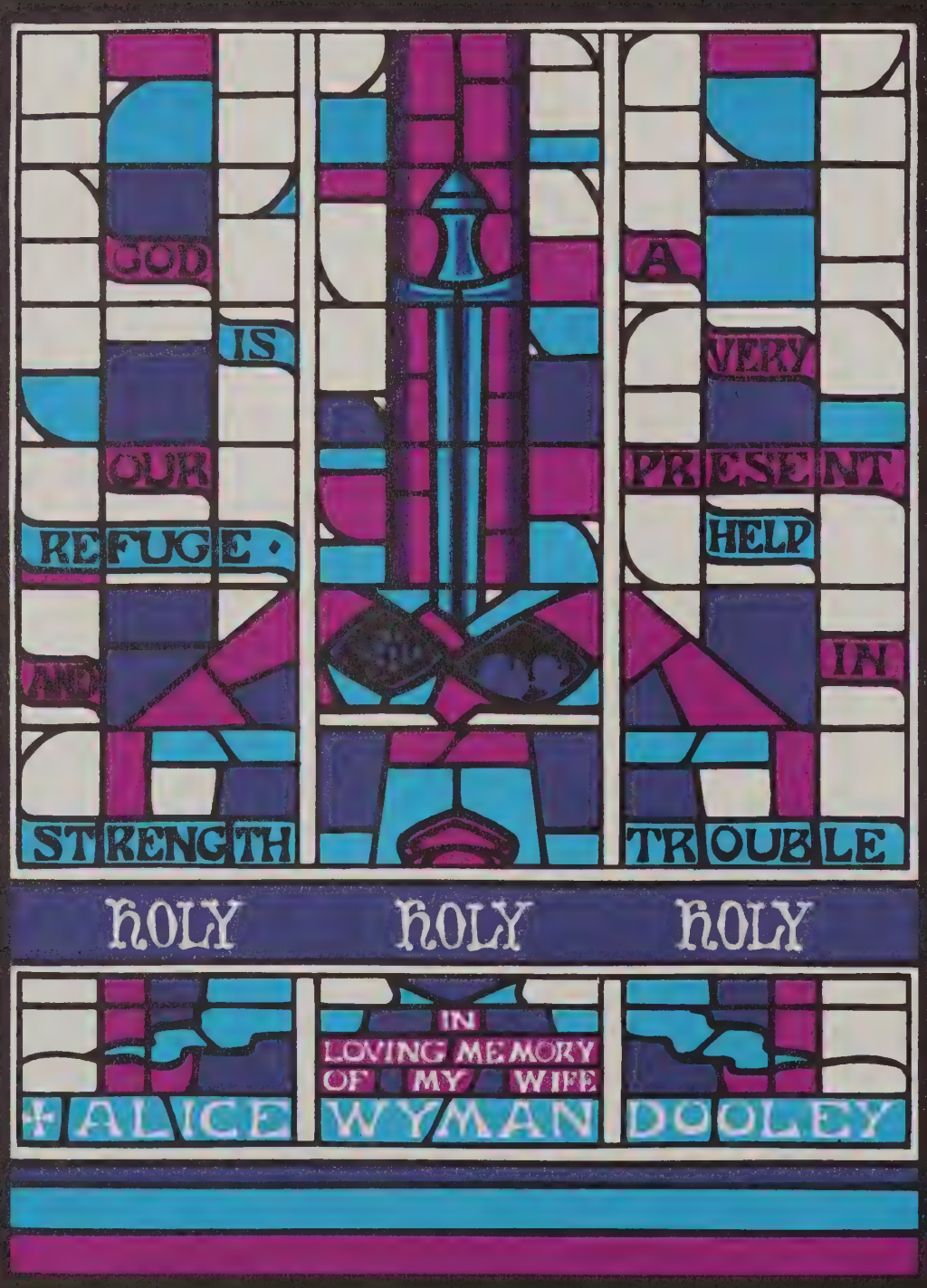

GOD IS OUR REFUGE · AND STRENGTH
A VERY PRESENT HELP IN TROUBLE
HOLY HOLY HOLY
IN LOVING MEMORY OF MY WIFE
+ALICE WYMAN DOOLEY

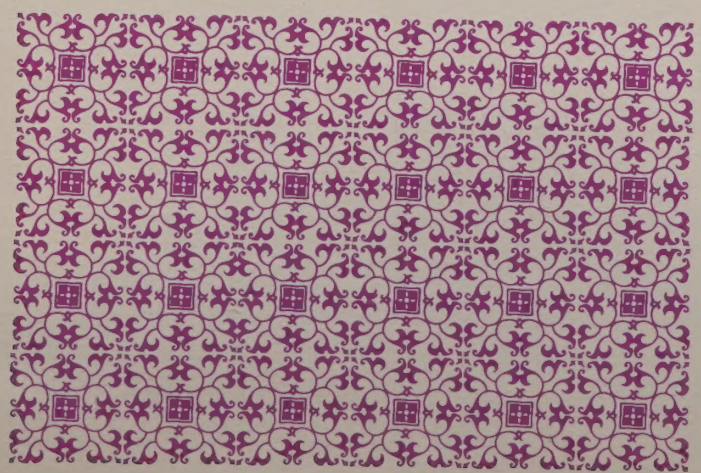
YOUR WILL

One measure of a man and his commitment to the world in which he has lived, is in the estate he leaves —not its total worth, but the way in which it is distributed.

For many it is possible to designate a specific amount or proportion of the total to each of the people and causes most highly valued. For others, a deferred or contingent bequest to hospital, church or school is more feasible, and can be easily arranged. For instance, a spouse may be named the primary beneficiary of the estate, with a specified amount designated to go to certain organizations or institutions upon his/her death. Or you may wish to name a contingent beneficiary in the event your primary beneficiaries pre-decease you.

Next time you talk to your lawyer about your will, why not arrange to include the New England Deaconess Hospital as a beneficiary of your estate? Even under the new tax laws there are substantial tax benefits which may accrue. Tear off the attached card and keep it in your file as a reminder.

new england deaconess hospital, 185 pilgrim road, boston, massachusetts 02215



New England Deaconess Hospital, as a specialty referral hospital treating primarily the most seriously ill, has many needs that cannot be met out of patient fees. Therefore it must rely upon friends to provide the difference.

This card will remind me to review my will with my lawyer to see how best to include the Deaconess as a beneficiary of my estate.

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